



TEXAS DEPARTMENT OF HEALTH
BUREAU OF RADIATION CONTROL
APPLICATION FOR REGISTRATION OF LASERS



7D775-120

Instructions: Complete ALL ITEMS of the application applicable to your operations. Mail original(s) to the Texas Department of Health, Bureau of Radiation Control (BRC), 1100 West 49th Street, Austin, Texas 78756-3189. Upon approval of the application, the applicant will receive a Certificate of Registration. Submit the appropriate fee with an application for NEW REGISTRATIONS ONLY. If you have questions, contact the BRC at (512)834-6688.

1. a. Legal name of business, facility or individual:_____ b. Business mailing address:_____		2. Physical address where laser systems will be used: (Submit separate application forms for each additional use location under this registration.)		
3. Laser Safety Officer (LSO): (Attach Qualifications)*		4. Telephone No:_____		
5. Fax No:_____		6. E-mail Address:_____		
7. Type of action: (Check all that apply) <div style="display: flex; justify-content: space-between;"><div>____ New registration (Attach appropriate fee)</div><div>____ Amendment to Registration No. _____</div></div> <div style="display: flex; justify-content: space-between;"><div>____ Renewal of Registration No. _____</div><div>____ Name Change _____</div><div>____ Address Change _____</div><div>____ Additional Use Location _____</div><div>____ LSO Change _____</div><div>____ Equipment change*</div></div>				
8. LASER SYSTEM DATA:				
Manufacturer	Class*	Protective Housing Model No. Serial No.	Description Ar,Kr,etc.	Maximum Output
8a. If laser(s) are provided to your facility on a periodic basis, indicate name and registration number of the company providing this service. Provider:_____ Registration No:_____				
9. TYPE OF USE: <div style="display: flex; justify-content: space-between;"><div>____ Dental ____ Medical</div><div>____ Podiatric ____ Industrial</div><div>____ Laser Light Show* ____ Other _____</div></div>				
10. As a licensed practitioner, I do hereby affirm that I am associated with this applicant and provide supervision to non-practitioners administering laser radiation to human beings or animals.				
Signature of Licensed Practitioner* _____		Date _____	Typed or Printed Name _____	Texas Licensing Board No. _____
11. I do hereby accept the responsibilities of laser safety officer.				
Signature of Laser Safety Officer* _____		Date _____	Typed or Printed Name _____	
12. I certify that the administration of laser radiation to humans and animals in association with this application shall be under the supervision of an appropriately licensed practitioner. Furthermore, I attest that the information contained in this application is true and correct to the best of my knowledge.				
Signature of Applicant* _____		Date _____	Typed or Printed Name _____	
Signature of Owner or Partner* _____		Date _____	Typed or Printed Name _____	Driver's License No. _____

INSTRUCTIONS

The following is an explanation for the specific items marked by an asterisk (*), from the front page.

- Item 1a: Legal name of business, facility or individual
A Franchise Tax Information Form (BRC Form 226-1) must be submitted for all new applications and for any name or ownership change.
- Item 3: Laser Safety Officer (LSO)
The qualifications for the designated LSO, delineating specific laser training and experience must be submitted with the application.
- Item 7: Equipment Change: Deletion of laser
On a separate page, document the disposition of the deleted laser(s). Include the name and address to whom the laser(s) have been transferred to, or how it was disposed.
- Item 8: Laser System Data:
Class: The labeling from the manufacturer should indicate the class of the laser. Class III, IV and V lasers must be registered.
- Item 9: Type of Use
Laser Light Show: A copy of your valid FDA Variance must be submitted with this application.
- Item 10: Signature of Licensed Practitioner
The signature of the licensed practitioner and licensing board number are required to process this application for facilities using lasers on human beings or animals.
- Item 11: Signature of Laser Safety Officer
If the LSO is someone other than the applicant, the signature of the individual listed in Item 3 is required.
- Item 12: Signature of Applicant
This should be the signature of a person authorized by the applicant or registrant to act for and on the behalf of the applicant or registrant.
- Signature of Owner or Partner
This line does not need to be completed if the business is a corporation.